FORM D

ORIGINAL

JUNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| 1438 | 428 | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB APPE | | | | | | |
| OMB Number: | 3235-0076 | | | | | |
| Expires: | | | | | | |
| Estimated average burden | | | | | | |
| hours per respon | ise 16.00 | | | | | |

| SEC USE ONLY | | | | | | |
|---------------|--|--------|--|--|--|--|
| Prefix | | Serial | | | | |
| DATE RECEIVED | | | | | | |
| | | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change. |) |
|--|---|
| Series A Convertible Preferred Stock Offering Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Type of Filing: New Filing Amendment | 1 4(6) ULOE |
| A. BASIC IDENTIFICATION DATA | - I SANI PRINCIPAL ENDE AND |
| Enter the information requested about the issuer | 08053524 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| BeeCo, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Co PO Box 14245, Research Triangle Park, NC 27709-4245 | de) Telephone Number (Including Area Code) 919-248-4112 |
| Address of Principal Business Operations (Number and Street, City, State, Zip C (if different from Executive Offices) | ode) Telephone Number (including Area Code) |
| Brief Description of Business | |
| Research and development of semiconductor technology. | PROCESSED |
| Type of Business Organization corporation business trust limited partnership, already formed ot limited partnership, to be formed | her (please specify): JUN 2 5 2008 |
| Actual or Estimated Date of Incorporation or Organization: Month Year Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS | Estimated State: |
| GENERAL INSTRUCTIONS | |

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 2. Enter the information requested for the following: | | | | | | | | | |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | | | |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue | | | | | | | | | |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | | |
| Each general and managing partner of partnership issuers. | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner DExecutive Officer Dis | rector General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Merrell, Scott | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) PO Box 14245, Research Triangle Park, NC 27709-4245 | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di | rector General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Goehrke, John | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) PO Box 14245, Research Triangle Park, NC 27709-4245 | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di | rector General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Burt, Katrin | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| 406 Blackwell Street, Suite 200, Durham, NC 27701 | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dir | rector General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Intersouth Partners VI, L.P. | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 406 Blackwell Street, Suite 200, Durham, NC 27701 | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di | rector General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Research Triangle Institute, Inc. | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3040 Cornwallis Road, PO Box 12194, Research Triangle Park, NC 27709 | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di | rector General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | _ | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di | rector General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | , | | | | | | | | |
| (Use blank sheet, or copy and use additional copies of this sheet, as no | ecessary) | | | | | | | | |

| | | | | | В. К | NFORMAT | ION ABOU | T OFFERI | NG | | | | |
|-------------|--|-------------|----------------|------------|--------------|---------------|---|------------------|--------------|------------------|---|----------|----------|
| ι. | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | Yes | No x i | | | |
| 2. | | | | | | | | | 8_ <i>H</i> | A | | | |
| | | | | | | | | | | Yes | No | | |
| 3. 4. | | | | | | | | | | | | K | |
| •• | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| Ful N/ | - | Last name | first, if indi | vidual) | | | | | | | | | |
| | | Residence | Address (N | umber and | J Street, Ci | ity, State, Z | lip Code) | | | | - | | |
| | C 4 | | -1 | -1 | | | | | | | | | |
| Nar | ne of Ass | sociated Br | oker or Dea | aler | | | | | | | | | |
| Sta | | | Listed Has | | | | | | | | | | |
| | (Check | "All States | or check | individual | States) | | *************************************** | *************** | ************ | | ***** | ☐ Al | l States |
| | AL | ĀK | AZ | ĀŘ | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | IL MT | NE) | NV | KS NH | (KY NJ | LA NM | ME NY | MD NC | MA ND | (MI) (OH) | MN) OK) | MS OR | MO PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Ful | l Name (I | Last name | first, if indi | vidual) | <u> </u> | | | | | · · | | | |
| Bus | siness or | Residence | Address (N | Number an | d Street, C | ity, State, 2 | Zip Code) | - | | | | | |
| Nai | me of Ass | sociated Br | oker or Dea | aler | | | | · · - | | + | | - | |
| Sta | | | Listed Has | | | | | | <u>-</u> . | | | | |
| | (Check | "All States | or check | individual | States) | | *********** | | | | *************************************** | | 1 States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | IL MT | IN NE | IA NV | KS NH | KY NJ | LA NM | ME NY | MD NC | MA ND | MI) | MN OK | MS OR | MO PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Ful | l Name (1 | Last name | first, if indi | vidual) | | | | | | | | | |
| Bus | siness or | Residence | Address (N | Number an | d Street, C | City, State, | Zip Code) | . <u>.</u> | · | | | | |
| Nat | me of Ass | sociated Br | oker or Dea | aler | | | | | | | | - " | |
| Sta | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | <u></u> | |
| | (Check | "All States | s" or check | individual | l States) | | •••••••••• | ····· | | | | | 1 States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ĪD |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS) | MO |
| | MT RI | NE SC | NV SD | NH TN | NJ TX | NM) UT | ÑŸ VT | NC VA | ND WA | ЮH WV | OK WI | OR WY | PA PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| I. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|-------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | , | \$ |
| | Equity | | \$ 2,500,000.00 |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | } | \$ |
| | Partnership Interests | | |
| | Other (Specify) | | |
| | Total | 5,000,000.00 | \$ 2,500,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | 2 | \$_2,500,000.00 |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | | Type of | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | <u>\$_0.00</u> |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | Z | \$ 60,000.00 |
| | Accounting Fees | | S |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) | | \$ |
| | Total | _ | \$ 60,000.00 |

| | C. OFFERING PRICE, NUM | BER OF INVESTOR | S, EXPENSES AND USE OF I | ROCEEDS | <u> </u> | | |
|------|--|--|--|--|---------------------------------------|--|--|
| | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer." | Question 4.a. This of | lifference is the "adjusted gross | | \$4,940,000.00 | | |
| 5. | Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for archeck the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Par | | | | | | |
| | | | | Payments to Officers, Directors, & Affiliates | Payments to Others | | |
| | Salaries and fees | | · · · · · · · · · · · · · · · · · · · | _ | | | |
| | Purchase of real estate | | | □ \$ | \$ | | |
| | Purchase, rental or leasing and installation of made and equipment | \$ | s | | | | |
| | Construction or leasing of plant buildings and fac | ilities | | | . 🗆 \$ | | |
| | offering that may be used in exchange for the asse | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | | | | | |
| | Repayment of indebtedness | | | | _ | | |
| | Working capital | | | \$ 4,940,000. | · · · · · · · · · · · · · · · · · · · | | |
| | Other (specify): | | | \$ | s | | |
| | | | | s | . 🗆 \$ | | |
| | Column Totals | | | \$ 4,940,000.0 | 0.00 | | |
| | Total Payments Listed (column totals added) | 5 4,940,000.00 | | | | | |
| Г | | D. FEDERAL S | IGNATURE | | | | |
| sig | issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furnished by the issuer to any non-acc | undersigned duly a nish to the U.S. Sec | uthorized person. If this notice urities and Exchange Commis | ssion, upon writte | | | |
| Issi | er (Print or Type) | Signature 1 | 9100 | Date 6/19/ | /0.0 | | |
| Ве | eCo, Inc. | J. XX J. | Dock | 6/11/ | of | | |
| | ne of Signer (Print or Type) n Goehrke | Title of Signer (P President | rint or Type) | | | | |

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)